



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

NAIC Group Code	3683	,	0000	NAIC Company Code	95562	Employer's ID Number	38-3252216
(Current Period)			(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]		
	Other []		Is HMO, Federally Qualified? Yes [] No [X]				
Incorporated/Organized	05/24/1995			Commenced Business	08/01/1996		
Statutory Home Office	2900 West Road, Suite 201			East Lansing, MI 48823-6386			
		(Street and Number)		(City, State and Zip Code)			
Main Administrative Office	2900 West Road, Suite 201						
		(Street and Number)					
	East Lansing, MI 48823-6386			517-349-9922			
		(City, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	2900 West Road, Suite 201			East Lansing, MI 48864-6386			
		(Street and Number or P.O. Box)		(City, State and Zip Code)			
Primary Location of Books and Records	2900 West Road, Suite 201						
		(Street and Number)					
	East Lansing, MI 48823-6386			937-531-2159			
		(City, State and Zip Code)		(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.caresource.com						
Statutory Statement Contact	L Tarlton Thomas III			937-531-2159			
		(Name)		(Area Code) (Telephone Number) (Extension)			
	tarlton.thomas@caresource.com			937-531-2676			
		(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	Name	Title
Sharon R. Williams	Plan President	Craig Thiele M.D.	Chief Medical Officer
Bobby Jones	Chief Operating Officer	L. Tarlton Thomas III	Chief Financial Officer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Pamela B. Morris	Margaret Marchak	Evonne Williams	Karen Hamilton
J. Thomas Maultsby	John M. Rockwood		

State of

ss

County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Sharon R. Williams Plan President	L. Tarlton Thomas III Chief Financial Officer	Bobby Jones Chief Operating Officer
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
_____ day of _____,		b. If no:
_____		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareSource Michigan		2. _____		(LOCATION)				
NAIC Group Code	3683	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2010			NAIC Company Code 95562		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41,557							190	41,367	
2. First Quarter	39,318							231	39,087	
3. Second Quarter	39,228							289	38,939	
4. Third Quarter	37,582							322	37,260	
5. Current Year	37,737							363	37,374	
6. Current Year Member Months	469,844							3,416	466,428	
Total Member Ambulatory Encounters for Year:										
7. Physician	192,255							2,171	190,084	
8. Non-Physician	132,479							2,676	129,803	
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	0
10. Hospital Patient Days Incurred	16,055							577	15,478	
11. Number of Inpatient Admissions	4,445							127	4,318	
12. Health Premiums Written (b).....	130,490,522							3,357,184	127,133,338	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	130,490,522							3,357,184	127,133,338	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	102,623,890							2,462,054	100,161,836	
18. Amount Incurred for Provision of Health Care Services	103,773,521							2,721,280	101,052,241	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,357,184



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Michigan 2. (LOCATION)

NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2010			NAIC Company Code		95562
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41,557	.0	.0	.0	.0	.0	.0	.190	.41,367	.0
2 First Quarter	39,318	.0	.0	.0	.0	.0	.0	.231	.39,087	.0
3 Second Quarter	39,228	.0	.0	.0	.0	.0	.0	.289	.38,939	.0
4. Third Quarter	37,582	.0	.0	.0	.0	.0	.0	.322	.37,260	.0
5. Current Year	37,737	0	0	0	0	0	0	363	37,374	0
6 Current Year Member Months	469,844	0	0	0	0	0	0	3,416	466,428	0
Total Member Ambulatory Encounters for Year:										
7. Physician	192,255	.0	.0	.0	.0	.0	.0	.2,171	.190,084	.0
8. Non-Physician	132,479	0	0	0	0	0	0	2,676	129,803	0
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	0
10. Hospital Patient Days Incurred	16,055	0	0	0	0	0	0	577	15,478	0
11. Number of Inpatient Admissions	4,445	0	0	0	0	0	0	127	4,318	0
12. Health Premiums Written (b).....	130,490,522	.0	.0	.0	.0	.0	.0	.3,357,184	.127,133,338	.0
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	130,490,522	.0	.0	.0	.0	.0	.0	.3,357,184	.127,133,338	.0
16. Property/Casualty Premiums Earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services	102,623,890	.0	.0	.0	.0	.0	.0	.2,462,054	.100,161,836	.0
18. Amount Incurred for Provision of Health Care Services	103,773,521	0	0	0	0	0	0	2,721,280	101,052,241	0

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
				NONE							
0399999 Totals						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	16	4	1	0	0
3. Title XIX-Medicaid.....	364	507	288	304	310
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	29	30	48	0	0
8. Reinsurance recoverable on paid losses.....	60	246	57	100	132
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	36,298,394		36,298,394
2. Accident and health premiums due and unpaid (Line 15).....	492,634		492,634
3. Amounts recoverable from reinsurers (Line 16.1).....	59,754	(59,754)	0
4. Net credit for ceded reinsurance.....	XXX	88,737	88,737
5. All other admitted assets (Balance).....	1,028,565		1,028,565
6. Total assets (Line 28)	37,879,347	28,983	37,908,330
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	13,955,472	28,983	13,984,455
8. Accrued medical incentive pool and bonus payments (Line 2).....	513,091		513,091
9. Premiums received in advance (Line 8).....	226,162		226,162
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	1,406,383		1,406,383
13. Total liabilities (Line 24).....	16,101,108	28,983	16,130,091
14. Total capital and surplus (Line 33).....	21,778,240	XXX	21,778,240
15. Total liabilities, capital and surplus (Line 34)	37,879,347	28,983	37,908,330
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	28,983		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	59,754		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	88,737		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	88,737		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. U.S. Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP0
57. Canada	CN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.











MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
21.	Will the Supplemental Health Care Exhibit be filed the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....

Explanation:

11. Coverage provided through Medicare Advantage Program
12.
13.
14.
15.
16.
17. Coverage provided through Medicare Advantage Program
18.
19.
20.
21.
22.
23. Premiums wirtten are under threshold under

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

12.	 9 5 5 6 2 2 0 1 0 2 0 5 0 0 0 0 0
13.	 9 5 5 6 2 2 0 1 0 2 0 7 0 0 0 0 0
14.	 9 5 5 6 2 2 0 1 0 4 2 0 0 0 0 0 0
15.	 9 5 5 6 2 2 0 1 0 3 7 1 0 0 0 0 0
16.	 9 5 5 6 2 2 0 1 0 3 7 0 0 0 0 0 0
18.	 9 5 5 6 2 2 0 1 0 3 0 6 0 0 0 0 0
19.	 9 5 5 6 2 2 0 1 0 2 1 1 5 9 0 0 0
20.	 9 5 5 6 2 2 0 1 0 2 1 3 0 0 0 0 0
21.	 9 5 5 6 2 2 0 1 0 2 1 6 5 9 0 0 0
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